

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)	09/890501		
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51	/		/
2	/					52	/		/
3	/					53	/		/
4	/					54	/		/
5	/					55	/		/
6	/					56	/		/
7	/					57	/		/
8	/					58	/		/
9	/					59	/		/
10	/					60	/		/
11	/					61	/		/
12	/					62	/		/
13	/					63	/		/
14	/					64	/		/
15	/					65	/		/
16	/					66	/		/
17	/					67	/		/
18	/					68	/		/
19	/					69	/		/
20	/					70	/		/
21	/					71	/		/
22	/					72	/		/
23	/					73	/		/
24	/					74	/		/
25	/					75	/		/
26	/					76	/		/
27	/					77	/		/
28	/					78	/		/
29	/					79	/		/
30	/					80	/		/
31	/					81	/		/
32	/					82	/		/
33	/					83	/		/
34	/					84	/		/
35	/					85	/		/
36	/					86	/		/
37	/					87	/		/
38	/					88	/		/
39	/					89	/		/
40	/					90	/		/
41	/					91	/		/
42	/					92	/		/
43	/					93	/		/
44	/					94	/		/
45	/					95	/		/
46	/					96	/		/
47	/					97	/		/
48	/					98	/		/
49	/					99	/		/
50	/					100	/		/
TAL						TOTAL IND.	10		
TAL						TOTAL DEP.	65		
TAL (MS)						TOTAL CLAIMS	65		

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